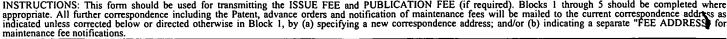
## PART B - FEE(S) TRANSMITTAL

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O'KEEFE, EGA Building C, Suite 1 1101 Captial of Te Austin, TX 78746	N & PETERMAN, L 200 exas Highway South	Nov	2 5 2005 R	Cell hereby certify that the States Postal Service addressed to the Mai	rtificate of Mailing or Transis Fee(s) Transmittal is bein with sufficient postage for fit I Stop ISSUE FEE address TO (571) 273-2885, on the control of the	g deposited with the United st class mail in an envelope above, or being facsimile
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APPLICATION NO.	FILING DATE	FIRST NAME		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/075,099	5,099 02/12/2002		Tod Paulus		SILA:097	7258
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EXAMINER		ART UNIT		CLASS-SUBCLASS	]	
LEE, JOHN J		2684		455-553100		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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(A) NAME OF ASSIGN Silicon La	<sub>lee</sub> aboratories I	`	B) RESIDENCE: (CITY and STATE OR COUNTRY) O1 FC:8001 33.00 DA Austin, Texas			
		<del></del>			orporation or other private gr	oup entity  Governmer
4a. The following fee(s) are  Issue Fee	e enclosed:	46	D. Payment of Fee(s	•	-alasad	
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